

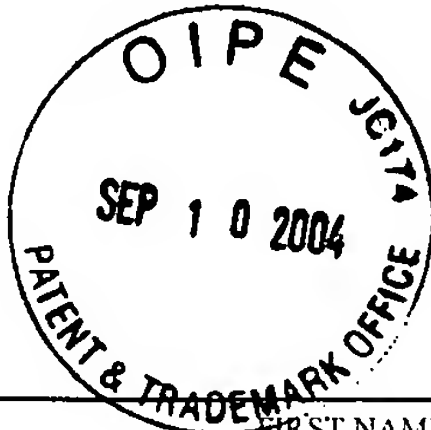
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
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34610 7590 06/22/2004

FLESHNER & KIM, LLP
P.O. BOX 221200
CHANTILLY, VA 20153

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(Depositor's name)
(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,021	07/03/2003	Gi Young Sung	K-0534	5764

TITLE OF INVENTION: MICROWAVE OVEN WITH INVERTER AND COOLING ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEUNG, PHILIP H	3742	219-757000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LG ELECTRONICS INC.**Seoul, Korea**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee (\$1,330.00)
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☒ A check in the amount of the fee(s) is enclosed. (#12756 - \$1,630.00)☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **16-0607** (enclose an extra copy of this form).

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(Authorized Signature) **Carol L. Druzbeck, Reg. No. 40,287** (Date) **09/10/2004**

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09/13/2004 EABUBAK2 00000008 10612021**01 FC:1501**
02 FC:1504**1330.00 OP**
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